FORM PTO-1083 Docket No.: 200.1133CON5 Date: July 21, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: Benjamin Oshlack, et al.

Application No.: 10/700.906 Filed: November 4 2003

For: TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS

Sir:

Transmitted herewith is an AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY (1 page) in the aboveidentified application.

f 1 Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established

Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.

No fee for additional claims is required.

A filing fee for additional claims calculated as shown below, is required:

(Col. 1) (Col. 2) FOR: REMAINING HIGHEST AFTER PREVIOUSLY PRESENT	SMALL ENTITY RATE FEE OR	LARGE ENTITY RATE FEE
AMENDMENT PAID FOR EXTRA TOTAL CLAIMS 16 minus 20 = 0 INDEP. CLAIMS 2 minus 3 = 0 I FIRST PRESENTATION OF MULTIPLE DEP. CLAIM	x \$ 9 \$ x \$ 44 \$ + \$150 \$	x \$ 18 \$0 x \$ 88 \$0 + \$300 \$0
	TOTAL: \$ OR	TOTAL: \$0.00

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- Also transmitted herewith are:
 - [] Petition for two (2) months extension under 37 C.F.R. 1.136 [] Other:
- 11 Check(s) in the amount of \$ 0.00 is/are attached to cover:
 - [] Filing fee for additional claims under 37 C.F.R. 1.16
 - [] Petition fee for two (2) months extension under 37 C.F.R. 1.136
 - [] Other:
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 - [] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 - [X] Any patent application processing fees under 37 C.F.R. 1.17.
 - Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, ſΧΊ and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1 136

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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:				
	Oshlack et al.			
Application No.	10/700,906			
Filed:	November 4, 2003			
Title: TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS				
Attorney Docket N	o. 200.1133CON 5	Art Unit:	1618	

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. (Note: pursuant to 37 CFR 10.57(c), a practitioner cannot authorize other registered practitioners to conduct interviews without consent of the client after full disclosure.) Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Registration Number
34,258

This Is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record			
Signature	ory poser	Date July 21, 2008	
Name	Oleg Ioselevich	Registration No., if applicable 56,963	
Telephone	(212) 736-1940		

This collection of information is required by 1.31, 1.32 and 1.34. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, confiderability is operand by 35 US. C.122 and 37 CER 1.11 and 1.14. This collection is estimated to its best minuted to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the fiformation Officer, U.S. Petent and Tademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Parents, P.O. Box 4450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS